

Changing pattern of male homosexual registrations in a venereal disease clinic, 1964–1974

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Summary

Registrations of heterosexual and homosexual men, with and without gonorrhoea, as recorded at Ward 34, Newcastle General Hospital, from 1964 to 1974, show substantial rises.

During this time, the number of cases of gonorrhoea in men, both heterosexually and homosexually acquired, has approximately doubled. However, the incidence of individual gonococcal re-infection would not appear to have changed significantly. More men attend with non-venereal conditions and show an increasing willingness to return. A greater co-operation between homosexuals with gonorrhoea and the social unit has evolved and a greater number of sexual contacts are now traced and examined.

Introduction

The incidence of homosexuality amongst male patients with and without gonorrhoea registered at Ward 34, Newcastle General Hospital, from 1964 to 1970 inclusive, was recorded by Wigfield (1973). That paper indicated a substantial increase in male homosexual registrations and male homosexually acquired gonorrhoea at the Newcastle clinic after 1967; it was noted that the figures gave no indication of the effect of the 1967 Homosexual Law Reform Act on the activity of male homosexuals or on their willingness to reveal their sexual life style.

Fluker (1966) noted the rising contribution of homosexually acquired infection to total venereal disease in Great Britain, especially in London. The attitude of the general public to male homosexuality has significantly altered in recent years. Increasing tolerance is reflected by tacit acceptance of the 1967 Act, and by the open discussion of homosexuality by the media. The homosexual now has less risk of

losing his employment and personal place in society if he reveals his sexual orientation.

As a result of these changes in attitude it is considered that a re-appraisal of the male homosexual contribution to total male clinic registrations and to male gonorrhoea is of interest. Direct comparisons between different clinic figures over varying periods of time may be misleading, as it is known that the homosexual contribution to total venereal disease, as recorded throughout the United Kingdom, varies widely from region to region (British Cooperative Clinical Group, 1973). Annual statistics recorded in one venereal disease clinic from 1964 to 1974 inclusive are accordingly presented.

Material and methods

- (a) Relevant statistics obtained from the clinic records are presented as annual recordings from 1964 to 1974 inclusive.
- (b) Each male, on arrival, is questioned about previous registrations and clinic attendances, either at Newcastle or elsewhere. Details are recorded.
- (c) Each new patient is interviewed by a doctor, and his heterosexual, homosexual, or bi-sexual status, although often volunteered, is determined by careful questioning. A formal printed heading regarding this status exists on the patient's clinic record for appropriate completion.
- (d) For the purpose of this paper, homosexuals and bi-sexuals are included as one group.
- (e) Statistical comparisons have been carried out using the χ^2 and difference in proportion techniques.
- (f) The figures relating to 1970, recorded in Table IV, show the number of homosexuals with gonorrhoea alone who formed part of a previously published survey from this clinic (Wigfield, 1973). That paper indicated that 74.6 per cent. of homosexuals with any form of venereal disease, interviewed by our social unit, were unable or unwilling to co-operate in contact tracing.
- (g) In Table IV, co-operation with the social unit cannot be measured absolutely, but is assessed by general patient attitude, ability and willingness to reveal names and addresses of sexual consorts and places of contact, and to distribute contact slips.

Results

Table I and II show that the number of total male registrations and the number of male gonorrhoea registrations have almost doubled from 1964 to 1974, and that the proportion of male cases of gonorrhoea to total male registrations has not changed significantly.

The proportion of male homosexual registrations to all male registrations fluctuated from year to year with a general upward trend and the rise between 1964 and 1974 is highly significant ($P < 0.01$). Indeed, the rise from 1966 to 1967 was itself highly significant ($P < 0.01$), and 1974 shows a marked increase over 1973. However, comparisons between individual years can be misleading.

The ratio of male homosexual gonorrhoea to all male gonorrhoea has not changed significantly from 1964 to 1974. However, the proportion of cases of gonorrhoea in male homosexuals to all male homosexual registrations has declined to a highly significant degree ($P < 0.01$) from 61.4 per cent. in 1964 to 37.7 per cent. in 1974. Thus, while proportionately there are now more male homosexual registrations, fewer of these registered cases have gonorrhoea and more male homosexuals are now attending for conditions other than gonorrhoea.

In 1964 and 1974, the proportions of patients who were already registered within the preceding 12 months is shown in Table III. The higher proportions of previous male registrations and of previous homosexual registrations are both highly significant ($P < 0.01$), but there are no significant differences for

male gonorrhoea and male homosexual gonorrhoea. Table IV shows the extent to which homosexuals with gonorrhoea have co-operated with the social unit in 2 recent years. A significantly higher proportion ($P < 0.01$) of homosexuals with gonorrhoea co-operated in 1974 than in 1970, and interviews in 1974 produced proportionately more than three times as many contacts as in 1970.

Discussion

There has been a steady and progressive increase in the workload of this clinic over the last decade.

The large increase in the number of male registrations involving non-venereal conditions suggests a rise in the incidence of such conditions, an increasing need for clinic facilities, and a willingness to use them. This is substantiated by the significant increases in both heterosexual and homosexual males who are prepared to return to the clinic, most of whom re-register with non-venereal conditions. There was no evidence that outside factors, such as the introduction of general practitioner appointment systems, affected the attendance of patients at the clinic. There has also been a greater co-operation from those men with homosexually-acquired gonorrhoea and accordingly many more sexual contacts are now traced through the social unit.

In 1964, 7.87 per cent. of all cases of gonorrhoea in males seen in this clinic was homosexually acquired and a decade later, approximately 7 years after the Homosexual Law Reform Act, the comparative figure has only risen to 8.93 per cent. This latter

TABLE I *Male clinic attendances—Ward 34, Newcastle General Hospital, 1964-74*

Year	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974
Total male registrations	1,863	1,897	1,829	1,829	2,135	2,358	2,459	2,855	2,863	3,595	3,565
Male homosexuals	44	37	30	63	74	87	76	79	79	102	159
No. Percentage of total male registrations	2.36	1.94	1.64	3.26	3.47	3.69	3.09	2.42	2.41	2.84	4.43
Total male gonorrhoea	343	263	283	330	422	451	501	506	453	661	672
Male homosexual gonorrhoea	27	24	11	35	43	49	34	40	27	42	60
No. Percentage of total male gonorrhoea	7.87	9.12	3.88	10.6	10.2	10.9	6.79	7.91	5.96	6.35	8.93

TABLE II *Male registrations and incidence of gonorrhoea in homosexuals in 1964 and 1974*

Year	1964	1974	Percentage increase
Total male registrations	1,863	3,565	91
Male homosexuals	44	159	261
No. Per cent.	2.36	4.43	
Total male gonorrhoea	343	672	96
Male homosexual gonorrhoea	27	60	122
No. Percent. total male gonorrhoea	7.87	8.93	
Percent. homosexual registrations	61.4	37.7	

TABLE III *Comparison between 1964 and 1974*

Year 1964			Year 1974			Percentage difference
Total male registrations	Male patients previously registered within preceding 12 months		Total male registrations	Male patients previously registered within preceding 12 months		
	No.	Per cent.		No.	Per cent.	
1,863	207	11.1	3,565	554	15.6	4.5 increase
Total male homosexual registrations	Male homosexual patients previously registered within preceding 12 months		Total male homosexual registrations	Male homosexual patients previously registered within preceding 12 months		
	No.	Per cent.		No.	Per cent.	
44	2	4.5	159	35	22.0	17.5 increase
Total male gonorrhoea	Male gonorrhoea previously registered with gonorrhoea within preceding 12 months		Total male gonorrhoea	Male gonorrhoea previously registered with gonorrhoea within preceding 12 months		
	No.	Per cent.		No.	Per cent.	
343	35	10.2	672	56	8.3	1.9 decrease
Total male homosexual gonorrhoea	Homosexual male gonorrhoea previously registered with homosexually acquired gonorrhoea within preceding 12 months		Total male homosexual gonorrhoea	Homosexual male gonorrhoea previously registered with homosexually acquired gonorrhoea within preceding 12 months		
	No.	Per cent.		No.	Per cent.	
27	2	7.4	60	6	10.0	2.6 increase

TABLE IV *Comparison of contacts traced in 1970 and 1974*

Year	1970	1974
Total homosexual males with gonorrhoea interviewed in social unit	34	58
Total homosexual males with gonorrhoea assessed as co-operative	7 (20.6 per cent.)	36 (62 per cent.)
Number of sources and subsequent contacts traced	4	23
Ratio of interviews to contacts traced	8.5 : 1	2.5 : 1

figure is in broad agreement with the average figure of 9.8 per cent. in the United Kingdom in 1971 (British Cooperative Clinical Group, 1973).

Although the incidence of gonorrhoea has virtually doubled in the last 10 years, the proportion of male homosexual gonorrhoea to total male gonorrhoea has not changed while the contribution that male

homosexual gonorrhoea makes to total male homosexual registrations has fallen. The male with gonorrhoea in 1974, however acquired, would seem neither more nor less prone to acquire a subsequent infection than his counterpart of 10 years previously. However, the fact that the incidence of male gonorrhoea has risen so much indicates a rise in promiscuity involving increasing numbers of sexually active persons, irrespective of their position within Kinsey's Heterosexual-Homosexual rating scale.

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References

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